

WISCONSIN RELOCATION COMPLAINT

WI Department of Administration
Relocation Unit
State Energy Office
P.O. Box 7868
Madison, WI 53703

The information you provide may be used by other agency programs {Privacy Law s. 15.04 (1) (m)}

IMPORTANT: Please attach copies of any correspondence or documents which may support your complaint.

PLEASE PRINT ALL APPLICABLE INFORMATION

Your Name:	
Address You Were Displaced From:	
Your Present Address (Number, Street, City, State and ZIP code):	
Telephone Number	
HOME:	WORK:
Complaint Against (Displacing Agency):	
Agency Address (Number, Street, City, State, ZIP code):	
Agency Telephone Number:	Name of Person You Dealt With From Agency:

Have you filed a relocation claim with the displacing agency? ☐ Yes ☐ No

Have you filed a complaint or appeal with the displacing agency? ☐ Yes ☐ No

Have you filed a complaint with any federal agency? ☐ Yes ☐ No

Is there a court action pending or completed relating to your complaint? ☐ Yes ☐ No

Please explain your relocation complaint:_____

[illegible]

